

Mississippi Secretary of State
700 North Street P. O. Box 136, Jackson, MS 39205-0136

ADMINISTRATIVE PROCEDURES NOTICE FILING

AGENCY NAME Board of Medical Licensure		CONTACT PERSON Rhonda Freeman	TELEPHONE NUMBER (601) 987-0223	
ADDRESS 1867 Crane Ridge Drive, Suite 200-B		CITY Jackson	STATE MS	ZIP 39216
EMAIL rhonda@msbml.ms.gov	SUBMIT DATE 10/3/12	Name or number of rule(s): 30 Miss. Admin Code Pt. 2640, R. 1.3		

Short explanation of rule/amendment/repeal and reason(s) for proposing rule/amendment/repeal: Rule 1.3 was modified to require every physician who prescribes, administers or dispenses controlled substances to register with the Mississippi Prescription Monitoring Program.

Specific legal authority authorizing the promulgation of rule: 73-43-11

List all rules repealed, amended, or suspended by the proposed rule: N/A

ORAL PROCEEDING:

☐ An oral proceeding is scheduled for this rule on Date: _____ Time: _____ Place: _____

☒ Presently, an oral proceeding is not scheduled on this rule.

If an oral proceeding is not scheduled, an oral proceeding must be held if a written request for an oral proceeding is submitted by a political subdivision, an agency or ten (10) or more persons. The written request should be submitted to the agency contact person at the above address within twenty (20) days after the filing of this notice of proposed rule adoption and should include the name, address, email address, and telephone number of the person(s) making the request; and, if you are an agent or attorney, the name, address, email address, and telephone number of the party or parties you represent. At any time within the twenty-five (25) day public comment period, written submissions including arguments, data, and views on the proposed rule/amendment/repeal may be submitted to the filing agency.

ECONOMIC IMPACT STATEMENT:

☐ Economic impact statement not required for this rule. ☒ Concise summary of economic impact statement attached.

TEMPORARY RULES	PROPOSED ACTION ON RULES	FINAL ACTION ON RULES
_____ Original filing _____ Renewal of effectiveness To be in effect in _____ days Effective date: _____ Immediately upon filing _____ Other (specify): _____	Action proposed: _____ New rule(s) <input checked="" type="checkbox"/> Amendment to existing rule(s) _____ Repeal of existing rule(s) _____ Adoption by reference Proposed final effective date: <input checked="" type="checkbox"/> 30 days after filing _____ Other (specify): _____	Date Proposed Rule Filed: _____ Action taken: _____ Adopted with no changes in text _____ Adopted with changes _____ Adopted by reference _____ Withdrawn _____ Repeal adopted as proposed Effective date: _____ 30 days after filing _____ Other (specify): _____

Printed name and Title of person authorized to file rules: Rhonda Freeman

Signature of person authorized to file rules: *Rhonda Freeman*

OFFICIAL FILING STAMP	DO NOT WRITE BELOW THIS LINE OFFICIAL FILING STAMP	OFFICIAL FILING STAMP
<div style="border: 1px solid black; height: 150px; width: 100%;"></div> Accepted for filing by _____	<div style="border: 1px solid black; padding: 10px; text-align: center;">  </div> Accepted for filing by <u><i>[Signature]</i></u>	<div style="border: 1px solid black; height: 150px; width: 100%;"></div> Accepted for filing by _____

The entire text of the Proposed Rule including the text of any rule being amended or changed is attached.



DELBERT HOSEMAN
Secretary of State

CONCISE SUMMARY OF ECONOMIC IMPACT STATEMENT

An Economic Impact Statement is required for this proposed rule by Section 25-43-3.105 of the Administrative Procedures Act. This is a Concise Summary of the Economic Impact Statement which must be filed with the Secretary of State's Office.

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EMAIL rhonda@msbml.ms.gov	ZIP 39216	
DESCRIPTIVE TITLE OF PROPOSED RULE 30 Miss. Admin Code Pt. 2640, R. 1.3		
Specific Legal Authority Authorizing the promulgation of Rule: 73-43-11		Reference to Rules repealed, amended or suspended by the Proposed Rule: N/A

A. Estimated Costs and Benefits

- Briefly summarize the benefits that may result from this regulation and who will benefit:
Physicians in the state of Mississippi that treat patients for chronic pain are required to have written treatment plans documented in their patients' files that contain stated objectives as a measure of successful treatment and planned diagnostic evaluations. This plan should include specific requirements of the patient, such as using one physician and one pharmacy. By utilizing the Prescription Monitoring Program, the physician will be able to see if the patients are doing what they agreed to do to continue receiving prescriptions for controlled substances.
- Briefly describe the need for the proposed rule:
This regulation will help the physicians in the state of Mississippi manage their patients by providing information concerning where the patients are getting their prescriptions filled as agreed to by the patients and the physicians and when the prescriptions were filled. It will also let the physicians know if the patients are not getting their prescriptions filled.
- Briefly describe the effect the proposed action will have on the public health, safety, and welfare:
This regulation does not intend to restrict patient access to essential healthcare in the state of Mississippi. This regulation will give physicians in this state another tool to help them manage their patients' prescription drug usage and help stop prescription drug abuse and diversion that could lead to expensive drug treatment or incarceration.
- Estimated Cost of implementing proposed action:
 - To the agency
☐ Nothing ☒ Minimal ☐ Moderate ☐ Substantial ☐ Excessive
 - To other state or local government entities
☒ Nothing ☐ Minimal ☐ Moderate ☐ Substantial ☐ Excessive
- Estimated Cost and/or economic benefit to all persons directly affected by the proposed rule:

- c. Cost:
☐ Nothing ☐ Minimal ☒ Moderate ☐ Substantial ☐ Excessive
- d. Economic Benefit:
☐ Nothing ☐ Minimal ☐ Moderate ☒ Substantial ☐ Excessive

6. Estimated impact on small businesses:

☐ Nothing ☒ Minimal ☐ Moderate ☐ Substantial ☐ Excessive

- a. Estimate of the number of small businesses subject to the proposed regulation: Unknown
b. Projected costs for small businesses to comply: Unknown
c. Statement of probable effect on impacted small businesses: The proposed actions require ownership by Mississippi licensed physicians.

7. The cost of adopting the rule compared to not adopting the rule or significantly amending the existing rule (check option):

☐ substantially less than ☐ moderately less than ☐ minimally less than
☒ the same as ☐ minimally more than ☐ moderately more than
☐ substantially more than ☐ excessively more than

8. The benefit of adopting the rule compared to not adopting the rule or significantly amending the existing rule (check option):

☐ substantially less than ☐ moderately less than ☐ minimally less than
☐ the same as ☐ minimally more than ☐ moderately more than
☒ substantially more than ☐ excessively more than

B. Reasonable Alternative Methods

1. Other than adopting this rule, are there less costly or less intrusive methods for achieving the purpose of the proposed rule?

☐ yes ☒ no

2. If yes, please briefly describe available, reasonable alternative(s) and the reasons for rejecting those alternatives in favor of the proposed rule. (Please see §25-43-4.104 for factors you must consider.)

C. Data and Methodology

1. Please briefly describe the data and methodology you used in making the estimates required by this form. N/A

D. Public Notice

1. Where, when, and how may someone present their views on the proposed rule and demand an oral proceeding on the proposed rule if one is not already provided? In writing to the following address:

Mississippi State Board of Medical Licensure
Attn: Vann Craig, M.D.
1867 Crane Ridge Drive Suite 200-B
Jackson MS 39216

SIGNATURE

Rhonda Freeman

TITLE

Bureau Director

DATE

10/3/2012

PROPOSED EFFECTIVE DATE OF RULE

30 days from final filing